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WALTER M. DICKIE, M.D., DIRECTOR

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EDITOR

THE PART-TIME HEALTH OFFICER'S PROBLEMS.\*

By ARTHUR HIERONYMUS, M.D., Health Officer, Alameda, California.

The subject of my talk is "The Part-time Health Officer's Problem of Cooperation with the Public Health Activities of Allied Agencies." I was asked to discuss this topic from the part-time health officer's standpoint, and incidentally I may say that the name "part-time health officer" is a misnomer, for my experience proves that a part-time health officer is on duty all of the time. He is also compelled, by force of circumstances, to make a living by practicing his profession among the enemies he makes while enforcing public health regulations. Cooperation is indeed a problem for the health officer, and is one of the difficulties he has to encounter.

The usual functions of many health departments, as they exist in California and most districts throughout the United States, are based on old-time ideas.

1. The health department is headed by a health officer. He is the executive of his department, receiving, reading and answering the correspondence, and making reports.

2. He has the duties of registrar of his district, as authorized by state law, receiving and filing birth and death

certificates, and making reports on same.

3. He has supervision over the communicable diseases in his district as to reporting, quarantining and isolating, and using various methods to control, terminate and prevent epidemics.

4. There is a plumbing and sanitary inspector, where duties are sometimes performed by one person and sometimes by two. The plumbing inspector inspects the plumbing in new buildings and gives permits for new plumbing in old buildings. The sanitary inspector looks after the sanitary condition of barns, stables, alleys, yards, beaches, etc. He attends to complaints concerning flies, rats and mosquitoes. He oversees the disposal of garbage, rubbish and may fumigate houses in which infectious diseases have existed.

5. The veterinarian and food inspector. These titles are sometimes given to one person, or sometimes to more than one. The veterinarian examines the cattle that supply milk for the community and investigates communicable diseases of domestic animals that are of public health interest. The food inspector inspects the wholesale and retail milk distributing plants,

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grocery stores, restaurants, delicatessens, meat, fruit and vegetable markets, soft drink parlors, and water sources and supplies.

6. The laboratory examines the milk and water of the district, both chemically and bacteriologically, makes bacteriological examinations for diagnosis of communicable diseases, and for the release of same.

This is an outline of the usual work of the old time health officer. It is based on the traditions and superstitions of many years ago, that health depended upon plumbing and the sanitary conditions of yards, etc. This is the old rut in which we are carrying on our work.

Of late years, great advances have been made in public health. Many activities working under various agencies have arisen and are paralleling the work of the health department with more or less cooperation, usually less. Sometimes the health officer does not know of their existence.

Among these activities are numerous clinics for rendering service to people who are sick and unable to pay a private physician. These are: dermatologic, endocrine, eye, ear, nose and throat, gynecology, internal medicine, obstetrics, orthopedic, physiotherapy, pediatric, surgical, urological, venereal and tubercular. They have gradually extended their services to all people, regardless of financial status, and have taken up activities in preventive medicine, such as: child guidance, consultation clinics, dental prophylaxis, general information regarding public health and social service, health education and immunity clinics, neuro-psychiatry, nutrition, prenatal conference, summer health camps, well baby conferences, and tuberculosis. From these clinics there have developed other agencies that give service as follows: prenatal, postpartum, infant welfare, child welfare, preschool drives, school examinations, mental test clinics, communicable disease, tuberculosis, foster homes investigations, minor treatments, bedside nursing, health education, infant feeding, milk modification, and social service work. These are some, though not all, of the various activities that have grown up and are paralleling the work of the health departments. Many of these agencies have full control of these activities.

I shall take the time to discuss only two or three allied agencies:

1. The public schools have developed

a definite public health work, including many of the activities I have mentioned, in children of school age. The board of education through their nurses and medical directors carry on this work independent of the health department, and sometimes without cooperation. This causes a great deal of duplication, and lacks the efficiency that should prevail under a health department.

2. Health centers have developed preventive clinics, entering into many health activities absolutely independent of the health department to which they properly belong.

3. Social service boards are dealing almost entirely with health problems. I believe that every social service problem is now or has been dependent upon a health condition, either tuberculosis, venereal disease, mental or physical disability. Social service agencies attempt to improve conditions by treating the result or effect, rather than by treating the cause, and the cause of social service conditions is almost entirely a public health problem. It is strange that these agencies desire to hold on to public health activities, even when it is clearly demonstrated to them that it would be better to place their executive work in the hands of a trained health officer. I presume that it is human nature to hold on to prerogatives, and to administer executive power in expending the budgets that are allowed them.

It has been demonstrated that in the schools of a city having six or seven thousand pupils, there is an average daily absence of from four to six hundred. This can be reduced fifty per cent if handled by a trained health officer with a staff of nurses to follow up cases of daily absences, the board of education thereby saving enough money on the per capita allowed for pupils in attendance alone, to pay the expense of such work, and still have money left over.

These public health activities practiced by schools, social service boards, clinics, and many other agencies are absolutely under the control of a board of education, social service board or some commission made up of three, five, or seven laymen. They have many duties, and do a great deal of constructive work in many lines, and usually these boards are people very competent in business ways, but they are certainly not trained to give the best advice in health problems. They, therefore, delegate this to some



supervising nurse or director to conduct the work, and she is responsible to them. The results are not always the best.

The ideal health department should be a health department headed by an experienced health officer, who has control of all the functions of public health in his district and executive supervision over all health activities of allied agencies. Many health departments have control of some of these activities, other health departments have control of others, and in one or two instances they have control over practically all. In those cities where the health department has full control over all of these activities, they are known as the most efficient. This is a tribute to the fact that such a health department is to be desired.

Now as to the health officers and their attitude toward these allied activities, they may feel that it would add greatly to their work, and otherwise complicate their department—but I do not think such would be the case. The health officer would be the executive for such agency, and in turn would give authority to the nurses and workers under him to carry on their work. The health department would be the clearing house for all of the activities.

Health nurses working under other agencies than the health department may feel they are surrendering their authority. I believe that a health nurse would find it to her advantage, and that she could do better work under a trained health officer than under a board of five or seven lay members. She would be given full authority by a health officer and would have full power to execute her work, and would be responsible to one person rather than to a board of lay directors, sometimes with contrary opinions on health problems. The health officer's supervision would be much the same as his supervision over the plumbing inspector or the food inspector, who in all health departments have full authority and full power in their special line of work, even though they are nominally under the health office.

A city can have more efficient health work done if all of the activities were placed in one department. This has been demonstrated by cities that have tried the plan. This is our problem, fellow health officers, of cooperation. How are you to solve it? It can not be forced upon these agencies, but there are five methods that I would suggest to bring this about:

First—Education: By that I mean the education of the people in your district, physicians, city councils, city officials, boards of education and public service boards, to the fact that a health department is an important department in the city government. That it is just as essential as police, fire and park departments. That without the health department no other board of your city government will avail. They could never have built the Panama Canal if they had not first established an efficient health department. Prove to everybody in your district that your department is an important one, and needs money and workers, just as other departments.

Second—Maintain a friendly attitude toward allied agencies, avoid friction and misunderstandings.

Third—The health department should do its work thoroughly, making it a 100 per cent health department so that the public and officials will know that any other functions assigned to the department will be done and done well.

Fourth—To allied agencies—give all the cooperation you possibly can. Give everything they ask and more. Make them dependent upon you. Put yourself in a position where they can not do without you.

Fifth—Take from allied agencies all the assistance they will give graciously, demanding nothing. You will find that they will give you more and more to cut down expenses and to get out of unpleasant situations, so that in time they will refer to your department many of their functions.

By following these five rules the day may come when you will have an ideal health department, and the health officer will have control of all the functions of public health in his district, and supervision of all the public health activities of other agencies.

### MORBIDITY.\*

#### Diphtheria.

102 cases of diphtheria have been reported, as follows: Alameda 1, Berkeley 2, Oakland 16, Richmond 1, Kings County 1, Los Angeles County 11, El Monte 1, Huntington Park 1, Los Angeles 23, Pasadena 1, Pomona 1, Fullerton 1, Santa Ana 1, Lincoln 1, Sacramento 1, San Diego County 2, San Diego 4, San Francisco 12, Lodi 1, Stockton 2, San Luis Obispo 1, Redwood City 6, Santa Barbara County 1, Santa Barbara 2, Santa Clara County 1, Gilroy 1, Palo Alto 1, San Jose 2, Santa Cruz County 2, Tulare County 1.

\* From reports received on October 10th and 11th for week ending October 8th.



**Measles.**

44 cases of measles have been reported, as follows: Oakland 3, Los Angeles County 1, La Verne 1, Long Beach 4, Los Angeles 1, Hawthorne 1, Monterey County 4, Santa Ana 1, La Habra 2, San Diego 2, San Francisco 5, San Luis Obispo County 11, San Luis Obispo 1, Santa Barbara 1, Santa Clara County 2, Santa Cruz County 4.

**Scarlet Fever.**

99 cases of scarlet fever have been reported, as follows: Alameda 1, Berkeley 1, Oakland 12, Chico 2, Richmond 3, Fresno County 3, Reedley 1, Bakersfield 2, Los Angeles County 11, Alhambra 1, Burbank 1, Long Beach 4, Los Angeles 7, Pasadena 1, Redondo Beach 1, Whittier 1, Hawthorne 1, Madera 2, Merced County 1, Napa County 1, Grass Valley 1, Orange County 1, Brea 1, Fullerton 4, Santa Ana 1, Lincoln 1, Sacramento County 2, San Bernardino County 1, San Diego County 1, San Diego 7, San Francisco 14, Stockton 2, Redwood City 1, Benicia 1, Stanislaus County 1, Red Bluff 1, Visalia 1, Tuolumne County 1.

**Smallpox.**

Four cases of smallpox have been reported, as follows: Oakland 1, Sacramento 1, San Francisco 1, Palo Alto 1.

**Typhoid Fever.**

Eight cases of typhoid fever have been reported, as follows: Oakland 1, Bakersfield 1, Seal Beach 1, Banning 1, Sacramento County 1, San Francisco 1, Stanislaus County 1, California 1.

**Whooping Cough.**

94 cases of whooping cough have been reported, as follows: Alameda 3, Livermore 3, Oakland 10, Bakersfield 1, Los Angeles County 2, Compton 1, Huntington Park 1, Long Beach 6, Los Angeles 18, Pasadena 3, San Fernando 3, Marin County 1, Merced County 1, Orange County 7, Seal Beach 1, Beaumont 3, Sacramento 2, San Diego County 3, San Diego 14, San Francisco 6, San Jose 2, Santa Cruz County 3.

**Poliomyelitis.**

36 cases of poliomyelitis have been reported, as follows: Oakland 2, Humboldt County 5, Eureka 2, Los Angeles County 3, Alhambra 1, Long Beach 2, Los Angeles 5, Montebello 1, San Gabriel 1, Monterey Park 1, San Rafael 1, Anaheim 1, Riverside 1, Sacramento 2, Paso Robles 1, Santa Cruz County 1, Shasta County 2, Siskiyou County 3, Woodland 1.

**Meningitis (Epidemic).**

Eight cases of epidemic meningitis have been reported, as follows: Los Angeles County, 1, Los Angeles 2, Fort McDowell 2, San Francisco 2, Vallejo 1.

**Encephalitis (Epidemic).**

Two cases of epidemic encephalitis have been reported, as follows: Los Angeles County 1, San Francisco 1.

**Food Poisoning.**

Huntington Park reported one case of food poisoning.

**COMMUNICABLE DISEASE REPORTS.**

Disease	1927				1926			
	Week ending			Reports for week ending Oct. 8 received by Oct. 11	Week ending			Reports for week ending Oct. 9 received by Oct. 13
	Sept. 17	Sept. 24	Oct. 1		Sept. 18	Sept. 25	Oct. 2	
Anthrax.....	0	0	0	0	0	0	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	84	36	70	75	60	80	82	105
Diphtheria.....	91	66	90	102	78	175	98	143
Dysentery (Bacillary).....	1	0	1	0	1	4	2	1
Encephalitis (Epidemic).....	3	1	2	2	3	2	2	0
Food Poisoning.....	0	9	0	1	0	0	0	0
Gonococcus Infection.....	82	93	97	170	135	94	110	102
Influenza.....	10	5	12	23	8	22	19	18
Jaundice (Epidemic).....	3	0	0	0	0	0	0	0
Leprosy.....	1	0	0	0	1	0	0	2
Malaria.....	6	1	2	0	9	0	1	2
Measles.....	40	46	25	44	254	329	377	355
Meningitis (Epidemic).....	4	6	1	8	2	2	2	2
Mumps.....	53	65	48	49	104	85	110	100
Paratyphoid Fever.....	1	0	2	1	0	0	3	0
Pneumonia (Lobar).....	54	32	25	41	25	52	24	22
Poliomyelitis.....	79	55	51	36	12	4	5	3
Rabies (Animal).....	4	9	6	4	6	7	6	9
Rabies (Human).....	0	0	0	0	0	0	0	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	85	82	78	99	74	99	118	129
Smallpox.....	7	11	9	4	1	4	12	11
Syphilis.....	162	158	134	182	191	100	110	152
Tetanus.....	1	1	2	0	3	2	1	0
Trachoma.....	2	1	4	2	3	10	14	2
Trichinosis.....	0	0	0	0	0	0	0	0
Tuberculosis.....	161	205	142	187	135	134	163	172
Typhoid Fever.....	13	28	24	8	28	20	30	14
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	161	80	112	94	70	71	43	48
Totals.....	1108	990	937	1132	1203	1296	1332	1392